Only

STATEMENT OF

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FORM 1	ORGANIZATION								Office Use Only								
1. NAME OF COMMITTEE (ir	n full)		heck if name		cample: If	yping, typ)e	12F	'E4M		lice Os	Se Only					
ALASKA A	IR GR	JUP II	NC. PC	LITIC	AL A	CTIO	N C	OM	1MI	TTE	ΞE						
ADDRESS (number a (Check if is change)	address	19300 PAG		'AY SOUTH				WA STAT		981	88	ZIF	- L	DEA			
COMMITTEE'S E-MA	AIL ADDRES	SS															
X ◀ (Check if is change)		Optional S	zalez@ala second E-Ma cretary@a	ail Address													
COMMITTEE'S WEE (Check if is change)	address	PRESS (UR	•														
2. DATE 1	M / D 18		2013														
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C00024	349												
4. IS THIS STATE	MENT	NEW (N) Ol	R	× AN	IENDED ((A)										
I certify that I have of			t and to the	-	/ knowled	ge and be	elief it is	s true,	correc	ct and	com	plete.					
Signature of Treasur	er <i>BRANI</i>	DON PEDERS	SEN		[Electro	nically Filed	d]	Date	м 1	1 1	1	8	Y	^y 2013	Y		
NOTE: Submission of			mplete inform	-			_				penal	ties o	2 U.	S.C. §	437g.		
Office Use				For further information co Federal Election Commission Toll Free 800-424-9530									FEC FORM 1 (Revised 06/2012)				

Local 202-694-1100